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ABSTRACT

This document is one of seven publications contained in a series of materials for physicians on recognizing, intervening with, and treating adolescent alcoholism. It contains the faculty guide which accompanies the six units of study in the series, and is meant to facilitate the use of the six units of study in a variety of settings and with a variety of learners. The guide includes an introduction and three major sections. The section on syllabus development explains seven basic elements of the syllabus (rationale, course goals, instructional strategies, learning resources, assessment and evaluation, major learning objectives, and major topic/subtopic outline) and lists the eight major goals of the Adolescent Alcoholism Series. An instructional settings section provides suggestions for using the units of study in different education settings, including individual study, seminars and small groups, and lectures. A section of video vignettes provides abstracts of the 13 videotaped scenarios which are part of the educational series and are referenced in the texts of units three, four, and five. (NB)

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Adolescent Alcoholism: Recognizing, Intervening, and Treating

(The titles and materials listed below are contained in this series.)

	Available Materials		
	Written	Audio	Video
1. Adolescents and Substance Abuse: An Overview	*	*	
2. The Physician's Role in Prevention	*	*	
3. Recognition and Diagnosis	*		*
4. Intervention with the Dependent Adolescent	*		*
5. The Physician's Role in Referral and Treatment	*		*
6. Alcohol and Other Chemicals	*		
Faculty Guide (regarding medical education, residency training, and continuing medical education)			*

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Adolescent Alcoholism:
Recognizing, Intervening, and Treating

Faculty Guide

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Introduction

The Problem

In March, 1987, four teenagers from New Jersey committed suicide by driving their car into a garage, closing the garage door, and waiting quietly while the buildup of carbon monoxide slowly and silently robbed them of life. While it will never be known why these four teenagers chose death over life, it is known that they had been using drugs and alcohol as they contemplated this final desperate act.

In preparing this Guide, one of our concerns was how we could illustrate the problems which arise when teenagers use or abuse alcohol and drugs. Sadly, fate provided the illustration. The question will always remain — would these youths have made a suicide pact had they been drug and alcohol free? We will never know.

As you use the various educational materials in the *Adolescent Alcoholism Series*, please keep in mind that you are addressing a major national health problem — chemical use and abuse. If you find this hard to believe, take a moment to consider the following statistics:

- At least 92 percent of all teenagers have experimented with alcohol; 65 percent have used alcohol in the past month.
- Nearly 5 percent of high school seniors report drinking once a day.
- More than 3 million American teenagers are either harmfully involved or addicted to alcohol.
- Alcohol consumption is the leading cause of death of all Americans between the ages of 15 and 24.
- More than 50% of all drownings are alcohol-related.
- Up to 80% of all suicides are alcohol-related.
- At least 200,000 Americans die each year as a result of either their own or someone else's use of alcohol (that is about one person every three minutes).
- There are presently from 11 to 17 million Americans who are considered addicted to alcohol.
- Alcohol-related problems cost the American economy at least $80-billion a year (in addition to, and almost twice as much as, the $45-billion spent each year by Americans on alcohol).
- There is some indication that as many as one out of three regular drinkers may become alcoholic.

Drawn from various national reports, these statistics paint a shocking picture of persons at risk. Couple these statistics with facts related to the use of tobacco and drugs by teenagers and adults, and you will realize that the problem about which you are learning or teaching is staggering in its magnitude.

A Starting Point

This series of written and audio-visual materials is a comprehensive introduction to the problem of teenage alcoholism. Although the six units of study are organized in a fashion that allows you to choose the topics you wish to teach or investigate, there is a need to have some beginning point in the process. In this instance, the beginning point is actually the ending point, the recovering teenage alcoholic.

Because of the insidious nature of alcoholism and drug dependency, persons becoming involved or already harmfully involved seldom are good sources of information about the problem. For this reason, we prepared a video which portrays a group session of recovering alcoholics who are teenagers or who began their harmful involvement while they were teenagers. Before you move into a more detailed study or teaching about teenage alcoholism, take time to view this video (Video XI). As you view it and later discuss it, be aware that it may be only a matter of months from first contact with alcohol before a teenager becomes harmfully involved. Also be aware that many "teenage" alcoholics may begin drinking in grade school and be harmfully involved even before they reach their teens. Also know that there are familial, social, and environmental factors that place certain youths more at risk and make them alcoholism and drug-abuse prone.

Whether you are using the various units of study for your own study purposes or are using them to guide others in their learning, several questions need to be answered by each individual. These include:

1. Do I fully comprehend the magnitude of the problem of teenage alcoholism and drug abuse?

2. Do I possess the skills and knowledge necessary to help address this problem?
3. Do I want to develop such skills and attain such knowledge?
4. Do I recognize my strengths and limitations as related to dealing with the teenage alcoholism and drug-abuse problem?
5. Do I know how to capitalize on my strengths and overcome my limitations as I address the problem of teenage alcoholism and drug abuse?

Our Goal

It has been our goal to provide both the information needed to address the issue of teenage alcoholism in one's practice and the encouragement to do so. We realize that the materials provided constitute an introduction to, rather than exhaustive training in, the diagnosis and treatment of alcoholism and drug abuse. As each learner works through the materials, the decision must be made as to how involved he or she will become with the problem. For those individuals who desire more extensive training and knowledge, suggestions are offered in the various units as to how to acquire them.

During the course of study, each should examine personal attitudes and values. It may be found that teenage alcoholism is a problem to take on full force. If so, upon completion of this series associate with other professionals trained in treating alcoholism; find your niche in the prevention, diagnosis, and treatment process; and make a significant contribution.

Selected individuals may find that teenage substance abuse is something that they are not prepared to deal with extensively in their practice. This is not unusual for busy practitioners. In this case, these persons should focus on the diagnosis and referral processes and remember that they are only a phone call away from many resources which can be brought to bear if one even suspects there may be a problem with a teenage patient. It is very appropriate to treat alcoholism and substance abuse like other serious diseases which require the care of specialists. Referral is very appropriate.

Others may feel, after the study of these materials, that they cannot deal with the issue of teenage substance abuse at all. To be blunt, this might be indicative of a serious problem. The caring health professional cannot help but have concern for the major health problem facing our nation's youth. In fact, such lack of acceptance of the problem often indicates either a great fear of alcoholism and substance abuse due to past personal experiences or the presence of a current substance abuse problem. If the individual cannot accept that the problem exists, or simply cannot deal with the problem, he or she owes it to both himself or herself and to his or her patients to investigate fully this reticence and to seek methods of overcoming this barrier so that proper care may be made available to his or her patients.

The *Adolescent Alcoholism Series* has been developed to enhance physicians' abilities to recognize, intervene, and treat problems related to the use and abuse of alcohol and other drugs. To this end, this Guide is meant to facilitate the use of the six units of study in a variety of settings and with a variety of learners.

In addition to the introductory materials you have just read, this Guide contains three major sections. These are suggestions for planning a course of study (Syllabus Development), suggestions for using the units of study in different educational settings (Instructional Settings), and abstracts of the 13 videotaped scenarios which are referenced in the text of Units 3, 4, and 5 (Video Vignettes).

Since this is a faculty guide, it is presumed that many users of the Adolescent Alcoholism Series will be responsible for others' learning. This requires a carefully thought out course of study, whether you are responsible for leading small group discussions such as seminars or for larger didactic situations such as lectures.

It is advised that you develop your own course of study, incorporating a variety of learning materials into your teaching. The six units of study in the *Adolescent Alcoholism Series,* including both the written and the videotaped materials, provide an excellent starting point. The references in the units of study and the additional resources for physicians and patients also provide excellent materials to be studied and used. In addition, you probably have collected other teaching and learning materials which you value. Therefore, you are encouraged to take advantage of all the resources you have at your disposal in order to develop a course of study that best represents you as a teacher.

Syllabus Development

Regardless of the instructional process you are going to employ, successful course development requires careful thinking and planning. One way to develop a successful course is through the construction of a syllabus. Suggestions are provided here to assist you in developing a syllabus for your course, whether it is offered at the medical school level, at the residency level, or even at the continuing medical education level.

A syllabus is a contract between the teacher and each course participant. The syllabus details a variety of information which is pertinent to the course of design and describes what participants can expect. It should contain at least the following seven elements:

1. Rationale
2. Course Goals
3. Instructional Strategies
4. Learning Resources
5. Assessment and Evaluation
6. Major Learning Objectives
7. Major Topic/Subtopic Outline

These seven elements are discussed below. Also included is a section which defines useful criteria for selecting content. This conceptual framework should be of assistance as you develop the syllabus for your own adolescent alcoholism course. Note that we are not dictating what your course syllabus should contain. We recognize that you will bring to bear your own skills and experiences in developing your course; we simply have provided some tools to help you do this.

Rationale

The rationale is a concise discussion of the importance of the course and the reason it was developed. As such, the rationale presented in the syllabus should

- define the main topic of study;
- describe the importance of the course to the learner;
- detail the learners' pre-requisite knowledge and skills;
- describe the significance of the skills, knowledge, and attitudes to be taught;
- discuss the expected overall end result of the course; and
- describe the relationship of the course to the general program goals.

Each unit of study in the *Adolescent Alcoholism Series* contains an Introduction which serves as a rationale for that unit of study. These Introductions may be drawn upon as you prepare or modify a syllabus for your course.

Course Goals

Course goals should explain and give meaning to the rationale by identifying, in general terms, what the learners will be expected to know, value, and perform at the end of the course. Course goals are the broad and general expressions of aims, purposes, or desired outcomes of the course. Goal statements should reflect the values of those involved in the course. Because they establish a sense of general purpose or direction, it is important that the goals identified be easily understood and effectively communicated to the learners.

The eight major goals listed below have been identified and serve as the basis for the Adolescent Alcoholism Series.

1. To provide a framework within which selected facts and information can be presented, to outline current thinking regarding factors involved in teenage alcoholism and substance abuse, and to explain models of alcoholism, with emphasis on the disease model of alcoholism.
2. To explore and present guidelines for physicians in order that they can make informed and responsible decisions about their roles and functions vis-a-vis adolescent patients.
3. To provide an overview of the problem of teenage alcoholism and substance abuse and to facilitate the diagnosis of this threat to health and well-being.
4. To familiarize the physician with the intervention process as it may be used in the treatment of adolescent alcoholics.
5. To make the physician aware of the variety of

resources to draw upon as treatment for the adolescent alcoholic or substance abuser is sought.

6. To explore the constraints faced by the physician as decisions are made regarding treatment.
7. To facilitate physicians to explore their own attitudes and beliefs and how these attitudes and beliefs may impinge upon the decision-making process.
8. To help the physician describe the different classes of drugs, recognize common presenting symptoms of use and drug overdose, and place use and abuse in context.

Instructional Strategies

The format of the course is described by utilizing an instructional strategy statement. This statement details

- where and when the class will meet,
- the duration of the course, and
- how the instructor plans to deliver the content of the course to the learners.

Learning Resources

The learning resources available for the course are generally listed in the syllabus as a bibliography. In this section, the instructor should specify

- what resources are available,
- where the resources can be found, and
- whether each particular resource is required or suggested.

In addition to listing required and suggested readings or materials pertinent to the course, it is often helpful to suggest sources which may be useful to learners who are especially interested in a particular topic or area of topics addressed in the course. These sources can be listed under the heading "FOR FURTHER READING."

Assessment and Evaluation

The assessment technique(s) chosen by the instructor should accurately measure the attainment of the course goals. After identifying the best methods of assessment, the instructor must determine their weighted values. In the syllabus, the instructor communicates this information to the learners by addressing the following in an explicit manner:

- the course work which will be evaluated to determine the final evaluation (e.g., grades);
- the manner in which assessment will be conducted;
- the scoring and weighting of course work and assessments in determining a final evaluation; and
- the way in which the course policy complements the overall evaluation policy of the program, school, department, etc.

In each unit of the *Adolescent Alcoholism Series*, you are provided meaningful assessment activities which correspond to the goals and major learning objectives of that unit. The activities which are provided are not so much "tests" as they are activities through which the learner can display knowledge and understanding of the unit content and the degree to which he or she values the materials covered. We recommend that you extend these evaluative strategies such that your evaluation efforts are best suited for your course. Doing so will provide a much more meaningful experience for the learners for whom you are responsible.

Major Learning Objectives

The major learning objectives for each goal should be listed. Although the major learning objectives will correlate quite closely with the goals, they will be stated in more explicit terms. To this end, they will identify learning outcomes in the form of achievements (knowledge, skills, and attitudes) that learners will attain upon mastery of each major topic. Examples of major learning objectives have been included in each unit of study. Please refer to these to determine their adequacy for the course which you desire to offer. If you are including additional content which is not represented by the major learning objectives delineated in each unit of study, it is important that you develop comparable learning objectives and communicate them in your syllabus.

Content Selection

With the rationale, goals, and major learning objectives of the course delineated, one must select the content which is best suited to convey the information of the course. Content is defined as the specialized arrangement(s) of knowledge, skills, and attitudes for purposes of instruction within a structure or structures commonly called curriculum. In selecting course content, the following criteria should be utilized:

1. Significant content should be selected. Content is significant only to the degree that it
   a. contributes to basic ideas, concepts, principles, and generalizations of the course;
   b. is related to the breadth and depth of the curricular content; and
   c. contributes to the development of particular learning abilities, skills, processes, and attitudes.
2. The validity of the content should be considered. Valid content is
   a. authentic and sound,
   b. current, and
   c. in line with the selected goals and objectives.
3. One should select content which generates and broadens learners' perspectives; i.e.,
   a. the content should be potentially relevant to the learners,
   b. the effect of the content upon the learners should be longlasting, and
   c. content should significantly contribute to the overall goals of the curriculum.
4. Content utility should be considered. Learners should be able to
   a. utilize newly acquired information, skills, and processes; and
   b. discern how such information contributes to other learning that has a clear application.
5. Content learnability is an issue when selecting content. To be optimally learnable the content should be
   a. appropriate for the intended audience, and
   b. organized and sequenced in a logical manner.
6. Feasibility of the content should be addressed. Feasible content can be taught
   a. in the time allotted,
   b. with the resources available,
   c. by the current faculty, and
   d. given the amount of monies allocated for curriculum and instruction.

Major Topic/Subtopic Outline

As you select materials and develop teaching strategies, it is essential that you develop a topical outline for your course. This outline serves as a guide for you and your learners as the course content is pursued. As the course progresses, the outline serves as a guide in your teaching, assists you in being sure you cover topics of importance, and allows the students greater flexibility in moving at their own pace outside of formal class meetings.

Instructional Settings

The materials in the *Adolescent Alcoholism Series* are designed to be used in a variety of instructional settings. Each unit is self-contained and therefore can be used in individual study as well as a resource for classroom instruction. The printed materials, combined with the audio and video materials, comprise a learning system appropriate for inclusion in any alcoholism and drug abuse curriculum. Suggestions for use of the materials in a variety of instructional settings are provided below.

Individual Study

The introduction to each unit of study explains the importance of the particular topic, and the learning goal and objectives clarify what can be achieved through study of the material. The manner in which the content is presented varies from unit to unit, depending on the nature of the topic.

Units 1 and 2 have corresponding audio cassette tapes; these are simply oral renditions of the written material in the units. We thought it was important to treat these two units in this fashion because of the important, but general, nature of the content of the two units. That is, the audio cassettes provide an easy means to acquire the content while involved in some other activity.

Video tapes are available to augment Units 3, 4, and 5. We valued depicting many of the concepts of these three units in a dramatic manner. The video vignettes provide a means to experience what is expressed in the printed materials. We strongly recommend that persons who are studying the units on an individual basis view the video vignettes at each point where it is indicated to do so; this indication is provided in the units by (View/Discuss Video ____), where Video ____ is referenced by a particular number. Abstracts of the video vignettes are provided in the last section of this guide.

On the average, 50 minutes are required to read and study each unit, not counting how much time is spent viewing or discussing the associated vignettes. With the exception of Unit 6, boldfaced highlights such as you see in this guide have been placed strategically throughout to

- shorten study time,
- allow a unit to be studied in blocks of time,
- serve as reference points to specific sections of the unit, and
- aid in review.

Seminars and Small Groups

We believe that you will be far more effective in changing learners' knowledge, skills, and attitudes regarding use and abuse of alcohol and other substances if you use a group discussion approach to teaching the topics. This is true whether you are responsible for teaching students, residents, or experienced practitioners.

The small group or seminar setting is an effective means to involve learners in the teaching/learning process. For example, one of the major objectives of medical education is to help learners develop critical thinking skills. The discussion lends itself very nicely to this process in that it provides learners an opportunity to examine and compare their thinking processes with those of their peers. This contributes also to helping the learners to examine their attitudes and to modify them as they so choose. Leading group discussions is not difficult if you follow a few basic guidelines such as listed below.

1. *Establish Learning Objectives:* A discussion session is likely to be successful if you have clear objectives and the learners are aware of those objectives. As with any teaching situation, writing a set of objectives is the first step to take when preparing to conduct a discussion. At the conclusion of the session the objectives can be used to evaluate the effectiveness of the session. To this end, objectives allow the learners to know what is expected of them regarding learning outcomes.
2. *Establish Groundrules:* At the beginning of the session provide an explanation of how the discussion session(s) will be conducted. Common groundrules for discussion sessions include making clear (1) that you will not be lecturing, (2) that the participants will need to participate and contribute in order to benefit from the session, (3) that the purpose of the session is more to achieve understanding than to recite facts, and (4) that all opinions or ideas are valued even if not "correct."
3. *Collect Information About the Group:* You can collect a great deal of information about the group by having each person give a short personal history relative to his or her reason for being in the group. After having done this exercise, you will have a much better idea of the kind of contributions to expect from each group member. Additionally, it breaks the ice and helps make everyone more comfortable.
4. *Ask Convergent and Divergent Questions:* A convergent question is a question which has a narrow focus; its answer is very definite and you can predict the response. A divergent question is a question which can have more than one correct answer; thus, you will not be able to predict what response you might get. Divergent questions are used to broaden discussions, and convergent questions are used to deepen discussions. The process of interchanging divergent and convergent questions to control the discussion is similar to the process used to interview patients.
5. *Use Wait-Time:* Wait-time is simply a period of silence that follows a teacher's question. Practice expanding your wait-time to at least 3 to 5 seconds; research demonstrates that most teachers have an average wait-time of less than 1 second! Using a longer wait-time gives learners time to construct appropriate responses to the questions that are asked.
6. *Use Probing Questions:* A probing question is a means to take the discussion beyond the initial response to a question. It can be either a convergent or divergent question. Probing questions serve to prompt, extend, clarify, redirect, or justify the response that is given to the question asked.
7. *Facilitate Participation:* Sometimes you will be confronted with a learner who tries to dominate the discussion. This will often be bothersome to others and will discourage them from participating. Perhaps the best way to discourage a person who talks too much is to simply describe his be-

havior to him and ask him to hold back. At other times, you may be confronted by one or more learners who do not get involved in the discussion. For these persons you need to provide strong positive reinforcement for any contribution that is made. In addition, use other facilitative verbal and nonverbal communication skills that encourage active participation.

8. *Use Eye Contact to Encourage Group Discussion:* Most persons have become accustomed to looking at the teacher when they respond in class. This does not facilitate group discussion. One easy way to break these long-established habits is to break eye contact with the person who is responding. This will force the individual to seek eye contact elsewhere or to look where you are looking. This, in turn, causes the speaker to address the group rather than the teacher.
9. *Summarize at the End of the Session:* Summarizing at the end of a group discussion is a way to add structure to the learning situation. Summarizing also permits you and the learners to evaluate whether or not the learning objectives were accomplished.

We encourage you to consider using the video vignettes as a major way to initiate and continue meaningful discussions. These were developed for this very purpose. In the last section of this Guide, we have provided abstracts of the vignettes. Reference to these abstracts, previewing the vignettes, and examining where in the narrative of Units 3, 4, and 5 they have been located, will allow you the means to meaningfully make them a part of your teaching.

Lectures

Some teachers will lean more toward lectures as a means to teach about use and abuse of alcohol and other substances. Although lecturing generally cannot deal with attitudinal issues, it is an efficient way to promote learner acquisition of factual information and to present a synthesis of material. Done well, lectures can enthuse and stimulate thinking such that a framework is provided to guide the learner to additional resources and to undertake private study.

Most teachers feel comfortable with the lecture process since they probably have had considerable experience with this technique. As a review, a few pertinent guidelines for organizing and sequencing a lecture are presented here. Remember that a lecture should have three distinguishable segments; these are (1) an introduction, sometimes called an instructional set; (2) the body of the lecture; and (3) a conclusion, sometimes called closure.

Introduction—Instructional Set

The introduction, or instructional set, should have six definite elements. These are:

Introduce the Topic: Identify the topical area(s) you plan to cover and indicate how you intend to proceed through the content.

Establish the Mood or Climate: Indicate verbally and nonverbally what climate you wish to have prevail; e.g., informal, interactive, didactic, etc. State how you wish to handle questions from the participants.

Indicate the Value of the Instruction: Relate the usefulness of the content to the learners' future professional responsibilities and/or future learning experiences. These statements are anticipating answers to the question, "Why should I learn this?"

Establish a Knowledge Base: Establish a base of knowledge by reviewing previous instruction or experiences to create a point of departure for new information, and/or use questioning to determine what your learners already know so as to adjust your level of instruction to them.

Motivate: Make every effort to incorporate humor, items of interest, quotations, or real life experiences to arouse learner interest.

State Your Objectives: State your learning objectives clearly so that the learners know what minimal learning expectations you have for them.

Body of the Lecture

Most teachers have their own way of developing the body of a lecture. Whatever this is, it should include at least the following efforts:

1. Start with a problem or a series of questions, either direct or rhetorical.

2. Use specific illustrations or examples. These can be verbal or visual. This is a good place to use the video vignettes in order to depict the issues you are presenting.
3. Compare and/or contrast ideas and concepts.
4. Use internal summaries as you move from one subtopic to another.
5. Make clear transitions between major topics.

Conclusion—Closure

The conclusion, or closure, of your lecture should achieve the three tasks listed below.

Summarize the Lecture: Restate the major points of the lecture. This is your opportunity to make final emphasis on any points and to review how various topical areas are related. You might also briefly indicate how following presentations will build on the instruction just completed.

Relate to the Introduction for Cohesion: Now is an appropriate time to refer back to the expectations for the session, as they were articulated in your instructional set. Show how you see the accomplishments of the objectives. Reiterate the importance of the content in terms of its utility or make other motivational statements.

Provide a Sense of Achievement: Share your feelings about the learners' performance. Acknowledge their attentiveness, input, discussion, questions, etc. Indicate your confidence in their abilities.

Video Vignettes

A number of video vignettes have been developed and produced to accompany the written materials in selected units of study. This was done to capture the emotional and attitudinal aspects of the problem of use and abuse of chemical substances.

Vignettes are strategically referenced in particular units of study. The following matrix demonstrates in which units to find reference to a particular vignette, where in the unit(s) a particular vignette is referenced, and the viewing time for each vignette. Of course, we encourage you to stop at appropriate points within each vignette for purposes of discussion. It is expected that you will determine at what points you may want to stop the videotapes to encourage discussion.

Video	Time	Unit 3	Unit 4	Unit 5
I	13:35	page 8	page 3	
II	10:14			page 5
III	9:50	page 11	page 4	
IV	5:58		page 2	
V	20:39	page 9	page 7	
VI	20:39		page 8	
VIIa	20:39	page 8	page 5	
VIIb	22:01	page 9	page 5	
VIIc	24:53	page 9	page 5	
VIII	11:14			page 13
IX	10:30	page 8		
X	6:53	page 10	page 3	

As noted previously, Video XI is an aftercare situation. Although aftercare is treated in Unit 5, we chose to use this vignette as an overview to the whole problem of use and abuse of alcohol and other substances and believed it was best referenced in the beginning section of this Guide. We leave it to you to determine when it is best to use Video XI for your particular teaching situation.

We intentionally have not provided discussion questions in that we believe it is for you to determine what points you want to make through guided discussions. Thus, it will be necessary for you to preview the various vignettes to establish how you want to use each one to complement your teaching. We purposefully have not depicted any situation to be "right" or "wrong." Instead our intention was to present situations as they are. It will be up to you and to those you are teaching to determine what is right and what is wrong. You are the expert in your own situation, and we expect you to have the freedom and the right to be that expert.

Video I—The Alcoholic Family: A System in Stress

This scenario depicts a farm family in which the mother feels that her son is drinking far too much. Her husband is supporting the son and does not see the problem. Although there seems to be a general awareness by all of the members of the family except the father regarding the son's uncontrollable drinking, no one seems to be able to convince the father. As the discussion

continues, more and more attention is given to the fact that the father may also have a drinking problem. The sister has covered for her brother and father but is not willing to continue to do so. The younger brother has noticed that his older brother no longer plays with him and sometimes even pushes him away. The physician tries to bring all of the information to the surface. The physician is able to get everyone to agree to another meeting to see if all family members can come to some agreement as to where the real problem lies and how to deal with it.

Video II—The Alcoholic Family: An Innocent Victim

A young patient comes to the physician complaining of physical problems. Following an examination the physician can find no physical reasons for the patient's complaints. In the interview with the patient, the physician learns that her father is a heavy drinker and that she has four younger brothers who are beginning to drink heavily; they have a set of friends who also are doing the same thing. The father cannot see this problem because of his own drinking. The problems at home have put the young lady under considerable stress. The stress is coming from her interaction with her brothers and from the continuous confrontation with her father. As the discussion is brought to a close, the physician indicates that there is a need for a plan and suggests that the first step for his patient is to get help by joining a support group for families of alcoholics.

Video III—Denial: The Thoughts Behind the Words

Even though we do not often think about it, it is important to remember that what a person says and what a person is thinking are often two different things. In this scenario, a teenager's thoughts are captured while the physician is trying to get across to him that he has a drinking problem. As the scenario unfolds, it is easy to see that the teenager is very hostile and that the physician is getting only part of the story. The teenager is indifferent to his problem and is not willing to tell the physician very much. The teenager has a bad attitude and feels that if it is alright for the physician to drink then it is alright for him to do the same thing. The discussion ends with no solution but with the need for further meetings between the physician and the teenager.

Video IV—Denial: I Can Quit Anytime

In this scenario depicting a physician and teenager, the teenager does not feel that he has a problem. Instead he feels that he is only a social drinker. The physician tells the teenager that his drinking is having a noticeable effect on his school work and on his interpersonal dealings with others. As the discussion continues, the physician informs the teenager that he feels that it is important for him to call the teen's parents. This brings a negative reaction from the teenager. The teen insists that his drinking is only a way to have a good time. However, the physician informs the teen that if he does not agree to enter a treatment program that he will call his parents. The teen feels that it is all a waste of time but agrees to cooperate with the physician.

Video V—Group Intervention: The Preparatory Meeting

This scenario depicts a pre-intervention session consisting of the teenager's mother, brother, teacher, best friend, an alcoholism counselor, and a physician. The teenager is not aware that the group is meeting. The mother has asked for the meeting because she feels that something is going on with her daughter. Each member of the group expresses why he or she is there and what he or she has seen regarding changes in the lifestyle of the teenager in question. From the very beginning, the counselor makes it clear that it is important for everyone to be honest about their feelings since this is very important if the group really wants to help the teenager. The physician's role with the group is to get the session started and then to keep a low profile. The teacher explains that the teenager's grades have been falling, that she has been discourteous to her and to other teachers, that her friends have changed, and that she has been skipping school. The brother notes how he has had to cover for his sister even to the point of taking the family car without permission to pick her up when she was drunk. The best friend expresses a concern with the fact that she and the teenager have been unable to talk to each other for some time and that the teenager has taken up with several new friends whom the best friend does not like. The best friend feels that if she was not doing a lot of drinking that she would not be spending any time with these new friends. Just before the teenager is asked to come in, all agree that she is in need of their help. The session ends with the teenager being asked to come in.

Video VI—Group Intervention: The Confrontation

This scenario starts where Video V leaves off. As the teenager enters the room, she is introduced to the alcoholism counselor by her physician. He then explains why they are there; at this point the counselor takes over the intervention session. There is little doubt that the teenager has been caught by surprise. The counselor follows with a brief statement about the concerns of the group. The counselor takes control of the session and leads each member of the group through his or her role in the intervention. The teenager feels that this entire session is an attack on her and who she is. She does not feel that she has a problem and insists that she is only having a good time and nothing more. Again each member of the group explains why it is felt the teenager has a drinking problem. At the end of the session, the teenager is asked if she will submit to tests and, if necessary, a rehabilitation program. The teenager refuses. She is then told that, if she does not agree to the tests, her mother has the power to place her in the custody of the courts as incorrigible. Following this disclosure the teenager reluctantly agrees to take the tests.

Video VIIa—Diagnosis: The Teenager

From the outset of the interview it is clear that the teenager has an attitude problem. He does not like to be questioned by anyone because this is what he gets at home all the time. There seems to be little or no communication between the teenager and his mother. When asked about his eating habits, he claims that they are fine but that he cannot stand eating with his family. When the question of school comes up, he explains that he does not like it and that most of his teachers do not like him. Sleep is another area with which he does not feel he has a problem. He claims to get plenty of sleep at home and that falling asleep in class is no big deal; everyone does it. Although there is not much discussion about his father, it is clear that he has little or no respect for him. He is asked to take some tests but refuses stating that they are a waste of time. After further discussion about the tests, the physician explains that the tests are really a part of a physical exam and that he needs to take them so that he can give him a full check-up to satisfy the questions from his parents. The session ends with the teenager agreeing to the tests.

Video VIIb—Confirmation: The Parents

The mother starts the interview by explaining that she is very worried about her son. His grades have been falling. He is very unpleasant. He has a bad mouth, and all of his friends have changed. In fact, she really does not know who his friends are because he never brings any of them home anymore. The mother goes on to say that she does not trust her son and that there have been cases lately where money has been missing from the house. Throughout all of the mother's concerns the father keeps explaining that there is nothing to it and that these are only growing pains. The father goes on to say that he has not noticed anything alarming, but also admits that he is not home a great deal of the time. The physician explains that there was nothing in his exam that was conclusive and that further tests are needed to be sure that there is a substance abuse problem. The physician goes on to explain to the parents that some drugs have a short half-life and that alcohol can go out of the system very quickly, thus not being detectable. The discussion ends with the physician telling the parents that he needs to get the son in for more tests.

Video VIIc—Confrontation: The Family

The physician starts by telling the parents, in front of the teenager, that he has found signs of abuse of drugs and alcohol. The parents are shocked to learn of the degree of abuse. The father cannot believe that his son has deceived him. He finds that he has been supporting the actions of a son who has no respect for him and in fact thinks that he is rather stupid. The confrontation between the parents and the son makes it clear that there is a total lack of communication in the family. Initially, the teenager refuses to get involved with any treatment program. During this meeting all of the problems surface that the mother has been so concerned about. The session ends with the teenager reluctantly agreeing to enter a treatment program.

Video VIII—Resolution: The Recovering Family

The scene is very different from Video VIIc. There is a total change in the personality of the teenager. The lines of communication have been opened between the parents and the teenager. However, it has not been all a bed of roses. There have been some real hard times, especially when the teenager first came home from the program. There were a lot of adjustments to be made on both sides, but things are much better now; as the teenager puts it, "I

am taking it one day at a time." The physician is pleased to see the young man making progress and asks him how things are going with school and his friends. The teenager explains that it has not been easy at school. His drinking friends cannot figure out what is going on and potential new friends are not yet accepting of his changed behavior. The parents are open to the fact that they had a hard time understanding the problem but that they are making their own adjustments and are involved in a program so that they can better understand the problem. They all support the idea that there is no quick fix to an alcohol problem, but they are working on it. As the session ends they all agree to keep in close contact with the physician.

Video IX—Co-Alcoholism: When Parents Deny

The teenager's father makes an appointment with their personal physician because he and his wife feel that their daughter is ill but cannot seem to uncover the reason for her illness. As the physician begins to ask the teenager questions, the father keeps interrupting and will not allow his daughter to answer. As the discussion continues, the father becomes more insistent that the physician's questions are leading nowhere. The father does not understand what the physician is looking for and continues to make it impossible for the physician to get the information he needs. At one point the teenager is able to relay to the physician that things are not well at home and that she feels that her parents do not care about her. Although the wife is not there, the father tries to express her concerns as well. When it is clear that the physician is not going to get anywhere while the father is present, the physician suggests that he do a physical examination and that he will talk to the teenager as that exam is conducted.

Video X—Denial: Rejecting the Physician

Prior to this visit the teenager was in to see her physician about a case of the flu. This is now a return visit and the physician informs the teenager that he feels she has a drinking problem. The feeling stems from tests that he has run and from information gathered from the teenager about her getting into heavy drinking. The teenager denies that there is any type of a problem and that she is only having a good time with her friends. The physician reminds her that she did have a blackout. The teenager responds by saying that only happened once. Even the physician's warning that it is dangerous for her to drive in this condition does not sway her at all. She informs the physician that she is not going to attend any of those AA meetings. Nor is she going to get involved with any other sort of program. She explains that this would only alarm her parents and that she does not want her parents to know. When the physician informs her that he is going to have to inform her parents, she gets very angry, tells the physician that he is stabbing her in the back, and indicates that if this is the way he is going to act she feels she needs to see another physician. The discussion ends on this note.

Video XI—Teenage Alcoholism: The Personal Struggle

An aftercare session is depicted in this vignette. Five persons, in various stages of recovery, discuss the problems associated with their involvement with alcohol. In each instance, it is obvious that a very strong impetus was needed to bring about change in the alcoholic's behavior. While the struggle is great, each individual shares the feeling that things are better now that their alcoholism is under control. Differences in the manifestation of the disease can be seen, as can differences in approaches to personal management during recovery.